Interviewed/Job Offered	Interviewed/No Offer





FALL/WINTER

CITY OF EAU CLAIRE EMPLOYMENT APPLICATION Parks and Recreation Department/Recreation Division

AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

Employment Opportunities: www.eauclairewi.gov

PLEASE PRINT OR TYPE ALL INFORMATION AND RETURN TO: DEPARTMENT OF HUMAN RESOURCES, P.O. BOX 5148, CITY HALL, EAU CLAIRE, WISCONSIN 54702-5148

		1				
LAST NAME	FIRST NAME		MIDDLE INIT	ΓIAL		
POSITIONS APPLYING FOR	: (please list in order of p	reference)				
1.			4.			
2			_			
3.			6.			
CURRENT						
ADDRESS: STREET		CITY		S	TATE ZIP	
STREET		CITT		5	IAIL ZII	
PERMANENT						
ADDRESS:STREET		CITY		S	ΓΑΤΕ ZIP	
E-MAIL ADDRESS:			Are	you at least 18 years of	f age?	
DO YOU HAVE A VALID DRI	VER'S LICENSE?	IF YES	S, LICENSE #:			
CELL PHONE:	WORK/SCHC	OOL PHON	E:	HOME PHON	E:	
Date Available: Hours Available: Days Available:						
# of Hours or Games per week you are interested in working:						
EDUCATION						
		Year in School		Date Graduated (If applicable)		
			126.		O 0 1/87	
Name & Location of College/University, etc.	Year in School		Major		gree Conferred/Year Applicable)	

EMPLOYMENT HISTORY (Please list three most recent positions) Employer Job Title/Duties Dates Supervisor	Organization		Position/Duties		Dates	Supervisor
CERTIFICATIONS (Please list current certifications) [] W.S.I. (Water Safety Instructor Expiration Date: [] Lifeguard Training Expiration Date: [] Standard First Aid Expiration Date: [] Standard First Aid Expiration Date: [] Other (Please specify) REFERENCES Name Address Phone Relationship Do you have access to a car? (for some positions a vehicle is required)						
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[] W.S.I. (Water Safety Instructor Expiration Date: Ex	Employer				Dates	Supervisor
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[] W.S.I. (Water Safety Instructor Expiration Date: Ex						
REFERENCES Name Address Phone Relationship Do you have access to a car? (for some positions a vehicle is required) List any other information pertinent to this application for employment: ***********************************	[] Cardiopulm [] Standard Fi	onary Resuscita rst Aid	Expiration (CPR) Expiration Expiration	Date: Date: Date:		
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Name Address Phone Relationship Do you have access to a car? (for some positions a vehicle is required) Yes No List any other information pertinent to this application for employment: ***********************************	REFERENCE	2				
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	CERTIFICA	TION STATE	MENT (Please sign and	date the follo	wing statement:)	
of material fact will cause forfeiture on my part of all rights to any employment in the City services.	•	-			-	
	or material fac	t will cause for	resture on my part of all s	rights to any e	employment in th	e City services.
Date: Signature:	Date:		Signature			

REQUIRED				
NAME: SS#:	DATE OF BIRTH:			
NAME: DATE OF BIRTH: DATE				
If you checked yes, list all:	Notice of Offense			
Date and Place	Nature of Offense Disposition			
	OPTIONAL			
The City of Eau Claire has adopted an Affirmative Action Plan. In an attempt to judge the effectiveness of our recruitment efforts, we request that				
you provide the following information. This information will in the Affirmative Action Office.	in no way be used in the decision to hire or promote. All data is confidential and retained			
in the Allimitative Action Office.				
GENDER: Male	HOW DO YOU DESCRIBE YOURSELF IN THE FOLLOWING TERMS?			
☐ Female	(Please check one.)			
Please tell us how you heard of this recruitment:	☐ White ☐ Black			
Newspaper:	Hispanic American Indian			
Website:	☐ Asian/Pacific			
Othor				
Other: Word of mouth				